

NORTH DAKOTA FAMILY PLANNING PROGRAM
Delegate Report Schedule

REPORT	January	February	March	April	May	June	July	August	September	October	November	December
1. Midlevel clinician/physician peer review – chart review for staff not being reviewed at time of triennial site review								X				
2. Annual Client Survey (Summary)												X
3. CVR Download (5th day of month)	X	X	X	X	X	X	X	X	X	X	X	X
4. Superbill/fees for service report	X						X					
5. Expenditure Report	X	X	X	X	X	X	X	X	X	X	X	X
6. Fee Schedule Changes	Submitted for approval as they occur and annually by August 15 th .											
7. Cost analysis	Submitted for review upon completion.											
8. Independent financial audit report	Submit copy of report upon completion every two years.											
9. Grant [includes budget, budget justification, progress report and workplan]	X											
10. Human Subjects Research Proposals	Submitted for approval as they occur; must be approved prior to implementation.											
11. Internal Medical Audit				X						X		
12. Physician/Midlevel Practitioner Staffing Profile	X						X					
13. Quarterly Chart Review	X			X			X			X		
14. Revised Budget								X				
15. Pap cytology summary reports	X	X	X	X	X	X	X	X	X	X	X	X
16. Sterilization Report	X						X					
17. End of year report								X				

Reports are due by the 15th of the month unless otherwise indicated.